BOOK REVIEWS

THE WESTERN JOURNAL OF MEDICINE does not review all books sent to it by the publishers. A list of new books received is carried in the Advertising Section.

MICROBIOLOGY OF HUMAN SKIN—Volume 2 in the Series: Major Problems in Dermatology—W. C. Noble, PhD, MRC Path, Senior Lecturer, Institute of Dermatology, Head of Department of Bacteriology, St. John's Hospital for Diseases of the Skin, London; and Dorothy A. Somerville, PhD, Lecturer, Department of Bacteriology, University of Glasgow, Royal Infirmary, Glasgow. W. B. Saunders Company, West Washington Square, Philadelphia (19105), 1974. 341 pages, $22.50.

This book proves to be a readable and exceptionally good review of the general bacteriology of the skin. It is perhaps less good for virology. However, it is to be commended for its readable style, and will carefully acquaint the beginner in an easy manner with the bacterial ecology of skin. It also serves as an inclusive and objective, well-documented reference source through 1972. If one were to look for drawbacks, the subject of gonococcal infections is somewhat skimpy, and falls somewhat short of the standards set elsewhere in the book, restricting itself to European literature. There is relatively little attention accorded virus and mycoplasma with the exception of citation of some reviews, and for the clinician the herpes virus and varicella-zoster virus segments get relatively little attention. In sum, this is really a scholarly update of information described in Dr. Marples' monumental contribution on the ecology of the skin. It is a good book for anyone interested in the field of infectious diseases. It should be highly relevant to the needs of dermatologists and burn surgeons, and should be a useful reference work for hospital microbiologists and public health officials.

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BENEFICENT EUTHANASIA—Edited by Marvin Kohl, PhD, Professor of Philosophy, State University of New York College at Fredonia. Prometheus Books, 923 Kensington Avenue, Buffalo, NY (14215), 1975. 266 pages, $10.95 (Cloth); $4.95 (Paperback).

Beneficent euthanasia means a good death—it is mercy killing as a clinical act of justice and kindness. This statement expresses the primary issue of the book. Although it is filled with rhetorical debate that stretches the rationality of any clinician it does touch all of the issues.

Each physician-reader of this review has encountered clinical demands generating a personal and lonely anguish with the challenge of euthanasia. He has found himself coerced by the availability of advanced technology to prolong the lives of those horribly and irreversibly deformed at birth, blasted by trauma or dying in terminal forms of chronic illness. There comes that moment when a physician ponders whether it would not be more merciful to assist actively in bringing about a peaceful, painless and dignified death. The question arises, why go one step further? Then begins his inner dissonance that explores the human issue: it is immoral, it is murder. Moreover it is a criminal act and I have no legal protection. To offer drugs for a suicidal act constitutes the same intention. Even with fully informed consent and cooperation, may not its authenticity be open to future question? Is it right for me to put my rationality over the moral and legal codes? In the end no one can decide for me nor do it for me. I am alone. I alone am responsible.

The book proposes and delineates hundreds of variations of both the objective and subjective conditions attending the euthanasia movement (now called "deliverance"). The primary theme is stated by the protagonist and editor (Kohl) and debated by the contributors in 20 well categorized and skillfully arranged chapters backed up by a useful appendix and a good annotated bibliography. These 20 contributors (ten philosophers, three theologians, three lawyers, three physicians and one nurse) are all academicians—but don't let this array turn you off, for the clinician needs his homework on value systems properly done by scholars. The theme of the book can be stated: "As long as we respect human dignity and regard kindly acts as being at least virtuous, beneficent euthanasia, or mercy killing, will be practical and remain a moral activity." Euthanasia here means "the allowance or inducement of as quick and painless a death as is possible."

Antagonists to the theme counter that all human life is intrinsically good. The editor responds: How can that be, "when a life has been irretrievably blasted by an accident or blighted by some ghastly illness, or when all dignity, beauty and meaning have vanished?" To support life then as intrinsically good "entails pointless suffering and to support it is not kind nor just." For the borderline cases the criteria of kindness continues: "If there is a reasonable doubt that the supported act is not kind or not the kindest possible alternative, one should refrain from acting."

Because this book is relevant and timely I recommend that practicing physicians study it. Knowing in addition that it would be of value to the busy housestaffs of our community hospitals who find themselves frequently encountering these problems but whose training demands allow little time for background reading or freedom for debate let me try to paraphrase the arguments contained herein: (1) fundamental Jewish truth holds that morality cannot be derived from reason—it is a given. Murder then is a violation of God's law and we must not kill the innocent and righteous. Therefore acts of beneficent euthanasia are never directly permissible. (2) The Jesuit contributor argues that there is vigorous debate among Catholics that all ethics assess the moral significance of the situation being judged and in certain cases direct positive intervention to bring death may be morally permissible. (3) A more modern ethicist (Fletcher) would drop completely the sanctity of life ethic and embrace a quality of life ethic, insisting that Christian ethics are based on love not on the law. He feels the heart of human responsibiity is to respond—to human needs. The rightness or wrongness of euthanasia depends on the situation and that situation needs to be studied for the proper response like any other clinical situation. (4) Traditional social morality sets its face against suicide, but it is argued here that in some cases this is ethically justified—especially when life itself is no longer meaningful and its purpose no longer self-sustaining. It is not life itself that is worth living but the "good life." Certain deformed modes of life are more insulting to dignity than any suicide could possibly be. Throughout the discussion there is universal agreement in one area—the question of consent. A fully informed and

freely given consent (that is not transferable) is unarguably a necessary and primary condition.

The most controversial area surrounds the issue of legalization. The proposition is advanced that if a physician acts benevolently to benefit his patient and if the patient voluntarily consents or requests it (or both), there is no reason why the law should not legalize the physician's killing his patient. There is at present, of course, no such law. Nor are the prospects imminent. Drafting such a law would be difficult because man's motives are suspect: legalized euthanasia could unfortunately be generalized (to get auntie out of the way because she is a burden). In England, a first attempt was made in 1969 in a proposed House of Lords bill. The bill requested 30 days consent before the act. It would allow a patient the means to end his own life and a nurse to act on the direction of a physician. The 30-day consent period was later amended to 60. Voting on the bill was 40 pro and 60 con. Although no legislation is presently underway, there is general agreement that the heart of any law to make euthanasia morally or legally permissible should be fully informed consent (and all variations on this are acknowledged and discussed). To a concerned physician, the dangers of legalization are clear. Laws erode freedom and give power. The prospect of a "physician-technician" approved by statute, functioning as a "deliverer" (the euphemistic term employed here) is one that few of us can view with equanimity.

The book ends with a formal petition and plea for beneficient euthanasia signed by 47 outstanding world scientific and cultural leaders—there are three Californians: Dr. Pauling at Stanford; the Rev. Pett at Glide Memorial Church, San Francisco; and Dr. Leake at the University of California, San Francisco.

Perhaps the reviewer should commit himself: I believe in the social possibility of beneficent euthanasia with the proviso that there be informed consent but moreover that it be generated in the heart of a concerned clinical partnership where physician and patient mutually trust and know one another.

H. HARRISON SADLER, MD

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THE COURAGE TO FAIL—A Social View of Organ Transplants and Dialysis—Renée C. Fox, Professor and Chairman, Department of Sociology, University of Pennsylvania, and Professor of Sociology, Departments of Psychiatry and Medicine, University of Pennsylvania School of Medicine; and Judith P. Swazey, Associate Professor, Socio-Medical Sciences Department, Boston University School of Medicine. University of Chicago Press, Chicago, Illinois (60637), 1974. 395 pages, $12.95.

Here is a book which quietly and persuasively sounds an alarm. It is called *The Courage to Fail,* after the affirmative mode of Tillich's *Courage to Be.* The subject of this book is the prolongation of life through the use of the technologies of renal dialysis, heart and kidney transplantation—often called "half-way" technologies because of their limitations. It explores first hand the problems of scientific uncertainty (immunological), the meaning of life and death, the impact of scarcity and choice, and the interventions by scientific man into a natural human condition—chronic disease. This intervention is possible as a consequence of the momentum of medical science evolving these technologies. Their clinical applications create a bio-medical frontier where the existing social status quo and the institutional norms of law, ethics, morality and economy are challenged. Such a challenge requires an increasing public participation in chartering a new course. It is these therapeutic innovations and this "new biology," or the frontier, which require the particular courage to probe—and often to fail.

The authors are mature and seasoned social scientists and teachers: Renée Fox is the Chairman of the Department of Sociology at the University of Pennsylvania School of Medicine, and Judith Swazey is an Associate Professor of Socio-medical Science at Boston University School of Medicine. They set forth their account in a journalistic rather than a scientific fashion, but this should not deter the thoughtful reader for here in one comprehensive and highly readable book are portrayed all the characters and events of this frontier field set in the framework of technical achievement and social conscience. The contents, for instance, include: a broad panoramic overview of the dialysis and transplant innovations and a conceptualization of the "courage to fail ethos"; an intimate, almost eavesdropping, evaluation and interviews with and of the scientific innovators themselves: Barnard, Cooley, DeBakey in the heart transplant field, and the poignant views of Scribner whose pioneering work with renal dialysis and the invention of the plastic cannula which made it all possible. They present the broad social perspective, "the common conscience" of society, the view, for example, that our organs might be viewed and claimed as a potential social commodity. In the center ring at all times is the ever present paradigm of the renal dialysis, heart and kidney transplant *model* which exemplifies the attributes and processes of these therapeutic innovations on the frontier, and their impact on society.

To dramatize how these issues impinge upon actual cases, the authors focus on two in particular: that of the artificial heart and that of Ernie Crowfeather. In the first case, that of the artificial heart, a Mr. Karp received a mechanical heart and after his death, Mrs. Karp alleged negligence and claimed the lack of informed consent and the presence of improper experimental controls (the mechanical device had not received sufficient clinical trials in animals). The entire court procedures are included as well as intimate interviews with the "pump team."

The second case is that of Ernie Crowfeather. He was an American Indian by ancestry though not by personal identity, who lost his first kidney following a bicycle accident. The remaining kidney later became infected and he moved inevitably into the health delivery system where for the next thirty months, at the cost of an estimated $100,000, his life was prolonged. He cared little for himself, never followed the therapeutic regimen and even while rejecting his kidney, was in and out of jail. Finally he died alone in a motel (suicide), even while his doctors rushed there to save him. One physician asked the anguishing question, "What was the meaning of his life?"

Moving beyond these specific cases and considerations, however, the authors focus their attention and concern on the larger issue raised in this work. In particular, they point to the challenge it poses to the physician's privileged status—that of the sole arbiter of health care. This challenge arises out of recognizing the human and social phenomenon of chronic illness, so well illustrated here with the kidney and heart model. More and more the thoughtful physician is recognizing the necessity of replacing the illusion of cure in these cases with the reality of a lifetime management program. He cannot turn away from the unbelievable complications arising from these programs, the terrible limitations on the quality of life, the marginal personal existences and enormous costs. The public, however, has not yet come to this recognition and still approaches the physician with the expectation of a "cure," or at least a greater measure of freedom. On this clinical frontier then, arise the deep